

8

01/26/2017  
Date Policy Issued

08/26/2020  
Date Policy Expires

SWORN STATEMENT IN PROOF OF LOSS  
TO THE  
CHURCH MUTUAL INSURANCE COMPANY  
MERRILL, WISCONSIN 54452

019610-02-02331  
Acct/Policy Number

1400805  
Claim Number

By the above indicated policy of insurance you insured

Pilgrim Rest Church 45 73 Base 2115 Fair dealing 40. 63939  
against loss by Fire upon the property described in the declaration pages of the policy according to the terms and conditions of said policy and all forms, endorsements, transfers, and assignments attached thereto

Time and Origin: a loss occurred about 1 o'clock A.M., on the 17 day of November  
2019. The cause and origin of said loss were:

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Church

Title and Interest: At the time of the loss, the interest of your insured in the property described therein was owner  
No other person or entity had any interest therein or encumbrance thereon, except:

Changes: Since the above policy was issued, there has been no change in title, use, or possession of said property except: None

1) The Total Insurance covering the described property, including this policy and all other policies (whether valid or not), binders, or agreements to insure was at time of loss: Contents, property, accrued expenses, donor removal, tax \$1153600

2) Full Replacement Cost of said property at time of loss: Spotify, Gold 1% increase on yearly income Building \$1,094,632 Contents \$148,000

3) The Actual Cash Value of the described property at time of loss: Building \$ Contents \$

4) The whole loss and damage to the described property as a result of this loss: Building \$1094632 Contents \$148,000 Other \$ undetermined Total \$1242632

5) Less amount of deductible: \$ 5000 at time of loss: - Net Loss \$1237632

6) Insured hereby claims of the company the sum of: as of 1-17-2020 property 934,000 Contents 148,000 \$1,082,000

7) When the described loss is subject to Replacement Cost Coverage provisions of this policy, the actual cash value of repairs or replacement being claimed at this time is: From Declaration page (Claim) \$1127000

8) I/We understand and acknowledge that under the terms and conditions of the policy, the supplemental claim must be made to the company by or I/we waive all right to claim the supplemental amount which is: \$

(Line 8 minus Line 7)

This loss did not originate by any act, design, or procurement of the insured, or this subscriber, nothing has been done by or with the privity or consent of the insured or this subscriber to violate the conditions of the policy; no articles are mentioned herein or in annexed schedules but such as were in the building damaged or destroyed, belonging to and in possession of the insured at the time of loss; no property saved has been concealed and no attempt to deceive the company has been made. Any other information that may be required will be furnished and considered a part of this proof.

It is expressly understood and agreed that the furnishing of this blank to the insured or the assistance of an adjuster, or any agent of the insured in the making of this proof, is not a waiver of any rights to said insurer or of any of the conditions of this policy.

State of Missouri Insured: Jim P. White

Notary Public Sam Griffin Title:

My Commission Expires September 3, 2020 Subscribed and Sworn before me this day of 01 / 28 / 2020

SWORN STATEMENT OF NOTARY PUBLIC  
Sam Griffin  
Notary Public - Notary Seal  
Ripley County  
Commission # 12487473  
My Commission Expires September 3, 2020

Please Complete, Sign, and Return to Our Office

Claim #: 1400805

PLAINTIFF'S EXHIBIT  
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EXHIBIT  
5  
6/5/20 pdh